

Isolation of *Chlamydia trachomatis* from throat and rectum of homosexual men

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SUMMARY Isolation of *Chlamydia trachomatis* is reported from homosexual men: from the throat with no abnormal symptoms and from the rectum in two cases of proctitis.

Introduction

Chlamydia trachomatis has been isolated from throat material in patients suffering from ocular TRIC infection, from urethral material in men with non-specific urethritis (NSU), from cervical, urethral, and rectal material in women, most with evidence of local inflammatory change (Dunlop, 1975). It has been isolated from urethral material in seven of 22 homosexual men suffering from NSU (Oriel *et al.*, 1976). It would seem logical to expect to find the agent in rectal material from homosexual men who have had anorectal intercourse. Because of the frequency of orogenital contact by homosexual men seen in venereal disease clinics, we would expect *C. trachomatis* to be present in the oropharynx. We are now reporting the isolation of *C. trachomatis* from material from throat and rectum of homosexual men.

Patients

CASE 1

This patient presented complaining of a urethral discharge. *C. trachomatis* was not isolated from urethral material. He said he had last had fellatio as active and passive partner five days earlier. He had never had heterosexual intercourse and had no abnormal throat symptoms. The conjunctiva, pharynx, and fauces, appeared clinically normal to naked eye inspection. However, *C. trachomatis* was isolated from throat secretion.

CASE 2

This patient, who had last had passive anal intercourse 10 days earlier, was asymptomatic. The

rectal mucosa, as seen with a Zeiss operating microscope through a simple proctoscope, was severely congested and contained numerous 'follicles': these were similar to the follicles found in the conjunctiva in ocular disease due to *C. trachomatis*, and similar appearances reported by this group of workers in the genital and rectal mucosa (Dunlop *et al.*, 1971). *C. trachomatis* was isolated from rectal material. The patient was given oral oxytetracycline for two weeks after which these signs had almost completely resolved. Follow-up tests showed no evidence of urethritis. Cultures of anorectal material were positive for *Escherichia coli* only: neither gonococci nor herpes virus was isolated. Serological tests for syphilis were negative. General examination showed no abnormality.

CASE 3

This patient had last had passive anorectal intercourse 14 days earlier: he was asymptomatic. Examination with the operating microscope showed no apparent abnormality in the rectal mucosa. However, *C. trachomatis* was isolated from rectal material. He was kept under surveillance for three months, during which time he denied sexual intercourse. At the end of the three months, a solitary rectal 'follicle' was seen. *C. trachomatis* was not isolated from rectal material at this stage. He was then treated with oral oxytetracycline for two weeks, at the end of which the rectal 'follicle' had flattened.

Discussion

The isolation of *C. trachomatis* from the throat in the presence of TRIC ocular disease, presumably results from infection or contamination of the throat by the nasolacrimal secretions. In Case 1, *C. trachomatis* in the throat was presumably transmitted, from the urethra or throat of a sexual partner, by fellatio.

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In the cases of the two men from whom *C. trachomatis* was isolated from rectal material, the route of transmission was presumably from urethra to rectum during passive anal intercourse. In a larger study, *C. trachomatis* was isolated from urethral material from two out of 39 homosexual men suffering from NSU.

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